

Role of Lesser Known Homoeopathic Medicine *Clematis Erecta* in Case of Benign Prostatic Hypertrophy: A Case Report

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Abstract

Case Report

Benign Prostatic Hypertrophy (BPH) is the commonest conditions in elderly men, where medicinal treatment aims to improve symptoms, relieve obstruction, and prevent complications. A 57 yrs. old male patient having BPH with 30.6 Gms. weight of gland and 29.1 cc volume reported at OPD where he was assessed on the basis of symptoms, Digital rectal examination, and USG report. Homoeopathic medicine *Clematis erecta* was given after matching the symptom similarity of patient. By the end of first month, symptoms of patient started improving and by the end of second month, there was considerable relief in patient's symptom. At the end of third month patient reported significant improvement in his symptoms and USG report of patient showed weight of prostate gland 18.3 Gms. and 17.4 cc volume. This case highlights the usefulness of homoeopathic medicine *Clematis erecta* and also give evidence that Homoeopathic medicines can not only relieve obstruction, improve bladder emptying to the relief of the patient but also cause significant changes in weight of prostate gland within a short time duration of treatment.

Keywords: Benign prostatic hypertrophy, Homoeopathy, Lesser known medicine, *Clematis erecta*.

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INTRODUCTION

Clinically, Benign Prostatic enlargement (BPH) is defined as a combination of benign prostatic enlargement with lower urinary tract symptoms and bladder outlet obstruction. An estimated 75% of men over 50 years of age have symptoms arising from BPH, while 20–30% of men reaching 80 years of age require surgical intervention for the management of BPH [1]. Prostatic enlargement is one of the most common conditions in elderly men. This condition is rarely life-threatening but often affects the individual's quality of life in varying degrees [2]. Patients with classical symptoms of prostatic enlargement are treated with α -blockers to relieve lower urinary tract symptoms, but their cost effectiveness is still questionable [3] and even their prolonged use can cause sexual dysfunction and ultimately affects quality of life [4]. The gold-standard surgical treatment for BPH is transurethral resection of the prostate (TURP). Surgical interventions, though beneficial, are costly and have their own complications [5]. The main goals of medicinal treatment are to improve symptoms, relieve obstruction, improve bladder emptying, prevent UTI's and avoid renal insult. In homoeopathy, observational studies [6, 7] case series [8] and reports [9, 10] show that homoeopathic medicines can, not only improve distressing symptoms

of BPH i.e. relieve obstruction, improve bladder emptying to the relief of the patient but also cause significant changes in their Sonography reports [9]. Homoeopathic literature is full of references to well-known Polychrest remedies, organopathic remedies and other lesser known remedies with their specific indications for symptoms of BPH [11, 12].

With the aim to establish role of lesser known homoeopathic medicine *Clematis erecta* in management of cases of BPH a case has been reported.

CASE HISTORY

Patient Information: A fifty – seven years old married Hindu businessman consulted at OPD of Dr. Madan Pratap Khunteta Homoeopathic Medical College, Hospital & Research Centre, Sindhi Camp, Jaipur (Rajasthan) on 9th January 2006 (OPD reg. no. 34873).

Patient reported frequent but scanty urination, tingling sensation in urethra after micturation; burning during urination; sensation as if something is there which is causing obstruction in urethra. Frequency with burning in urethra < night, < warmth of bed from last five years. Patient had already taken Allopathic and

Ayurveda medicines for the same with no relief. Patient was taking no other medicine for any type of illnesses. Patient had stopped his previous treatments approximately 45 days ago.

Habits/ Addiction: Tobacco since 10-12 years (Mirajjarda; 3 packets/day)

Family History: Father-Diabetic, Mother – Hypertensive

Physical & Mental general: Patient was chilly with good appetite and normal thirst. Bowel habits were regular but usually unsatisfactory. Perspiration on head and armpits only during exertion. Desire sweets and no specific aversion. Sleep disturbed due to frequent micturation.

Clinical findings of the case: General and systemic examination nothing abnormal detected.

Digital rectal examination: Surgeon found during examination that prostate was smooth, firm with enlargement.

Investigations

CBC, Blood Sugar (Fasting) & Urine examination: NAD

PSA: 2.04 ng./ml. (09.06.2005)

USG: Prostate enlargement with homogenous echo texture measuring 33mm x 44mm x 39mm in size and weight 30.6 gms. Prostate volume is 29.1 cc. (09.06.2005) (see Fig. No. 1)

Diagnostic assessment

Diagnosis of Benign Prostatic hyperplasia was made on the basis of clinical history, digital rectal examination and USG findings. For differential diagnosis PSA (value in patient 2.04ng/dl) was done to exclude cancer of prostate which is the most common comorbidity [2]. He was investigated to rule out recurrent urinary tract infection, diabetes mellitus, where laboratory findings were within normal range. In absence of urgency, hesitancy, history of injury to spine/ back and neurological symptoms neurogenic bladder and urethral stricture was ruled out.

Totality of symptoms

- Frequent scanty micturition
- Tingling sensation in urethra after micturition
- Burning during urination < night < warmth of bed
- Sensation of obstruction in urethra
- Desire sweets
- Unsatisfactory stool

Repertorization

The screenshot shows the 'Investigation window for remedies' software. On the left, a 'Clipboard 2' window lists seven symptoms with their respective counts: 1. BLADDER - URGING to urinate - frequent - accompanied by - discharge - scanty (29) 1; 2. URETHRA - TINGLING - urination - after, meatus and urethra (2) 1; 3. BLADDER - PAIN - burning - urination - during (32) 1; 4. URETHRA - CONSTRICTION - urination - during (14) 1; 5. URETHRA - PAIN - burning - night (5) 1; 6. RECTUM - CONSTIPATION - insufficient (118) 1; 7. GENERALS - FOOD and DRINKS - sweets - desire (198) 1. On the right, a table lists 23 remedies (by., caust., kali.c., merc., nux.v., staph., abroma., apis, argm., bar.c., bell., canth., caps., chin., clem., dig., graph., kali.b., lyc., moni., nat.c., nat.m., nit.) with columns for each symptom, showing the number of remedies that match each symptom. The bottom status bar indicates '290 remedies / 7 symptoms', 'Sum of symptoms', 'No restriction', and 'All remedies considered'.

Therapeutic Intervention

On repertorial analysis, although *Brynoia alba* ranked highest and covered maximum symptom, yet *Clemetis erecta* was selected as it covered the characteristic sensation of tingling and constriction of patient. After consulting New Manual of Homoeopathic Materia Medica by W. Boericke, Keynotes & Redline symptoms of the Materia Medica by Lippe and A Dictionary of Practical Material Medica by Clarke, confirmation was done for selection of medicine on the basis of following symptoms:

- Tingling in the urethra after micturation [11,12]
- Burning during micturation [11-13]
- Frequent scanty urination [11]
- Sensation of obstruction in urethra. (constriction in urethra) [11]
- < night, < warmth of bed [11]

Homoeopathic medicine *Clemetis erecta* 30 was prescribed.

First prescription (09.01.2006): *Clematis erecta* 30, one globule (size 60) TDS for seven days.

Table-1: Follow-up and Outcomes

Follow up	Date	Sign and Symptoms	Prescription
Follow up 1	16.01.06	Tingling pain – mild improved Scanty Urine – Status Quo Burning after micturation – slightly reduced frequent urine < night Urine passes little in quantity. Constriction feeling during Urination – Status Quo	<i>Clematis erecta</i> 30 continued for 7 days.
Follow up 2	23.01.06	Tingling pain – mild improvement Scanty Urine – Status Quo Burning after micturation –reduced frequent urine < night – mild improvement Urine passes little in quantity. Construction feeling during Urination – Status Quo	<i>Clematis erecta</i> 30 continued for 7 days.
Follow up 3	09.02.06	Tingling pain – much improved Scanty Urine – improved Burning after micturation –reduced frequent urine < night – much improved Urine passes little quantity. Construction feeling during Urination – Status Quo	<i>Clematis erecta</i> 30 continued for 7 days.
Follow up 4	23.02.06	Tingling pain – improved Scanty Urine – improved Burning after micturation –reduced frequent urine < night improved Urine passes little in quantity. Construction feeling during Urination – mild improvement	<i>Clematis erecta</i> 30 continued for 7 days.
Follow up 5	16.03.06	80% improvement of all symptoms Sometimes frequency increased. Tingling and burning pain reduced Quantity of urine is increased.	<i>Clematis erecta</i> 30 continued for 7 days.
Follow up 6	23.03.06	Sometime difficult to start first urine. Frequency-reduced, burning pain reduced, quantity of urine is increased.	<i>Clematis erecta</i> 30 continued for 7 days.
Follow up 7	30.03.06	Difficult to start first urine. & frequency-reduced. In USG report: Prostate measuring 31mm x 35mm x 31mm in size and weight 18.3 gms. Prostate volume is 17.4 cc. (28.03.2006) (see Fig. No. 2)	Placebo continued for 7 days.
Follow up 8	06.04.06	frequency reduced other complaints relived	Placebo continued for 15 days
Follow up 9	05.05.06	Patient came after one month with relief in all his complaints	Placebo continued for 15 days
Follow up 10	18.07.06	As patient had no discomfort/ symptom during this period, patient was irregular.	Placebo continued for 15 days

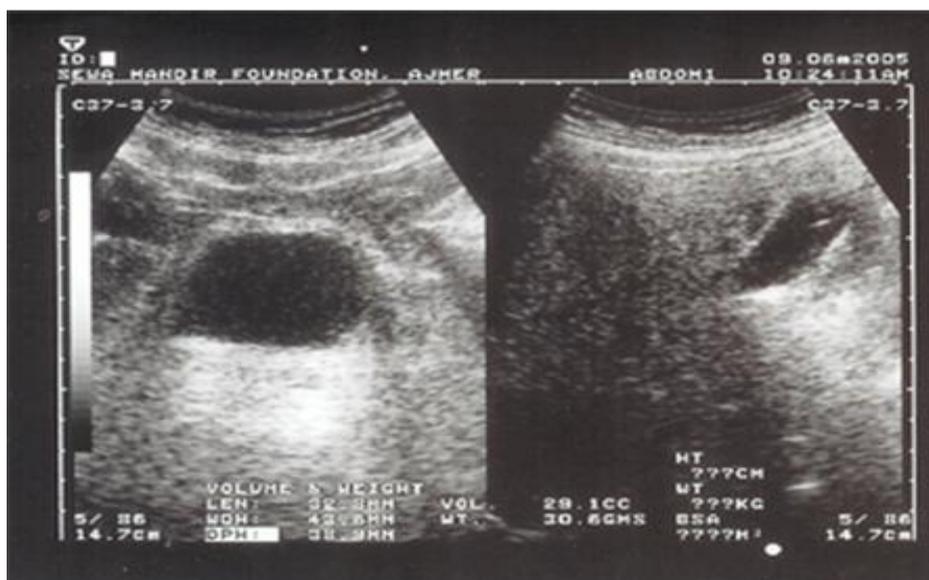


Fig-1: Sonography report before treatment (09.06.2005) showing Prostate enlargement with homogenous echo texture measuring 33mm x 44mm x 39mm in size and weight 30.6 gms. Prostate volume is 29.1 cc

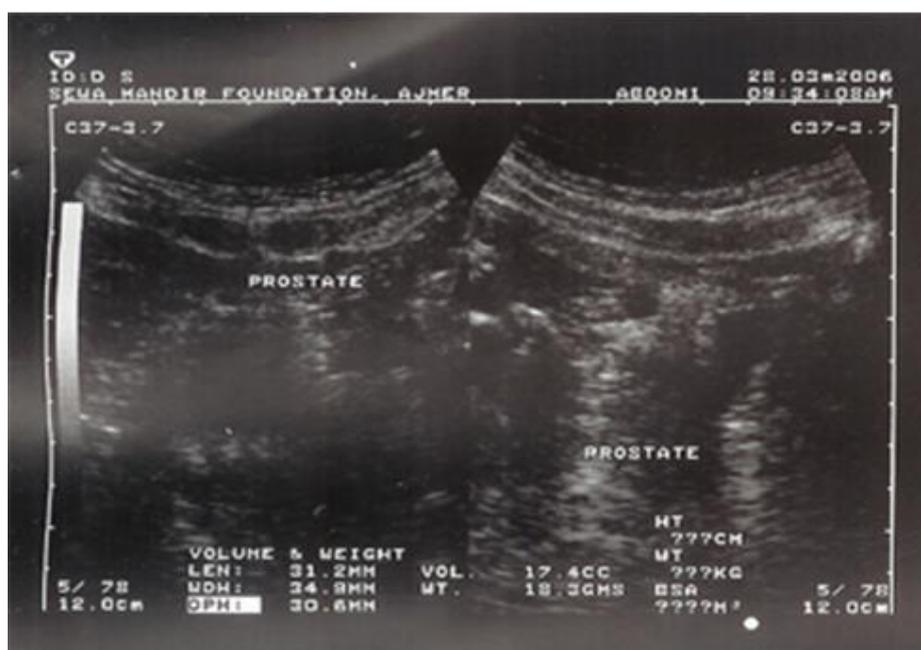


Fig-2: Sonography report after treatment (28.03.2006) showing Prostate measuring 31mm x 35mm x 31mm in size and weight 18.3 gms. Prostate volume is 17.4 cc

DISCUSSION AND CONCLUSION

This case was taken from a prospective study of 'Role of Ten Lesser Known Homoeopathic Medicines in the treatment of Benign Prostatic Hypertrophy', where lesser known medicine *Clemetis erecta* was found to have significant effect in treatment of BPH. In homoeopathic literature *Clemetis erecta* is mentioned for testicular induration and scrotal swelling, whereas it's action on prostate hypertrophy is not mentioned[11-13] On the basis of characteristic sensation of tingling and constriction in urethra medicine was selected; in cases where marked physical generals are lacking characteristic particular symptoms directs towards simillimum. This case highlights the

usefulness of homoeopathic medicine *Clemetis erecta* not only in management of symptoms of patient [11], but also in considerable weight reduction of enlarged prostate gland. In this patient within three months' time duration, homoeopathic medicine had shown significant sonological as well as symptomatic improvement. Limitation of this case report is that the patient's follow ups were irregular and a USG report after a year would have given strong evidence, patient compliance with repeat investigations and strict adherence to the treatment play crucial role in critical study of cases. Patient responded positively to homoeopathic treatment. This implies that Homoeopathy has a significant role in

advanced pathological changes [7-9] where surgical intervention is the only way of effective management.

This case report establishes the usefulness of lesser known homoeopathic medicine *Clematis erecta* in management of cases of BPH. Further scientific research on *Clematis erecta* is recommended for clinical validation of findings in cases of BPH on large sample size; so that it can enrich the existing homoeopathic literature.

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